



Nexus Holidays New York Inc.

Tel: 718-888-1889 Fax:718-463-4908

Credit Card Authorization Form

I, _____ (credit card holder's name) hereby
Authorize Nexus Holidays New York Inc. to charge my credit card.
Type (select one): <input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> Discover <input type="checkbox"/> America Express
Credit Card Number: _____ Expiration Date: _____
Phone No. : _____ Fax No.: _____
Billing address: _____
In the amount of _____ USD
As the payment for air/land arrangement for myself and /or for the following people. (print full name below if other than credit card holder)
(1) _____ (2) _____
(3) _____ (4) _____
For the following itinerary 旅游路线:

I fully acknowledged of Nexus Holidays New York Inc. general conditions and terms, and agree to accept all of them on behalf of myself and persons I paid for. I understand Service Fee will be assessed for any cancellations after reservation; additional Cancellation Fee will be assessed if airline tickets have been issued.

Signature: _____ Date: _____

Important: Please make a copy of your credit card (both front and back) and a picture identification card, fax back to us at **718-463-4908** Attn _____.

We appreciate your cooperation, thank you for your business.

Add: 41-60 Main St. Suit 215 Flushing, NY 11355
www.newyork.nexusholidays.com